

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14136

FILED APR 25 1953

State File No. ....

1804

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>20 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		35780	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Simpson's Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>3220 Cleveland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>		b. (Middle) <u>Frances</u>		c. (Last) <u>Dickerson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>2</u> <u>53</u>	
5. SEX <u>fem</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>4-19-1864</u>	
9. AGE (in years last birthday) <u>88</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>13</u>		10. UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Carroll County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Field Boley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary B. Godsey</u>		14. NAME OF HUSBAND OR WIFE <u>Sol. Dickerson (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hester Sheeaman</u> ADDRESS <u>5347 Juniper</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Broncho Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>arteriosclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>42</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 16, 1951</u> , to <u>Apr 2, 1953</u> , that I last saw the deceased alive on <u>Apr 2, 1953</u> , and that death occurred at <u></u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Amir Boutros</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>416 W. 11th Bldg KC Mo</u>		23c. DATE SIGNED <u>4-2-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u>		24d. LOCATION (City, town, or county) (State) <u>Bogard Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dickerson Juniper</u> ADDRESS <u>Bogard Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address Bozard, Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.